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| ATTORNEY OR PARTY WITHOUT AN ATTORNEY <i>(Name, State Bar number and address):</i><br><br>TELEPHONE NO.:<br>E-MAIL ADDRESS <i>(Optional):</i><br>ATTORNEY FOR <i>(Name):</i>   | <b>FOR COURT USE ONLY</b>  |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO</b><br>STREET ADDRESS: 3341 Power Inn Road<br>MAILING ADDRESS: William R. Ridgeway Family Relations Courthouse<br>CITY AND ZIP CODE: Sacramento, CA 95826<br>BRANCH NAME: JUVENILE COURT |                            |
| CHILD(REN)'S NAMES:  | CASE NUMBER(S):            |
| <b>MOTION FOR INCLUSION IN DEPENDENCY DRUG COURT</b>   | ASSIGNED HOME COURT DEPT.: |

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|--|--|
| 1. Name of party:  | 2. Relationship to child(ren):   |
| 3. Disposition date:   | 4. Reunification services ordered at the time of disposition: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, is client currently receiving reunification services: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Next Court Date/Type:<br>Date: _____ Department: _____ Hearing type: _____  |  |
| 6. a. Has party been previously ordered to Dependency Drug Court?<br><input type="checkbox"/> Yes <input type="checkbox"/> No Original date ordered: _____<br><br>b. If no, select the basis or bases for the request:<br><br><input type="checkbox"/> Sustained petition with allegations of substance abuse<br><input type="checkbox"/> Treatment plan ordered for substance abuse<br><input type="checkbox"/> Parent not present at Jurisdiction/Disposition hearing<br><input type="checkbox"/> other (specify): _____ |  |
| 7. If previously ordered to Dependency Drug Court, select the reason party was dismissed:<br><br><input type="checkbox"/> a. party failed to appear at a drug court hearing<br><input type="checkbox"/> b. party failed to complete an alcohol and drug screening/assessment at System of Care<br><input type="checkbox"/> c. party failed to complete an intake at STARS<br><input type="checkbox"/> d. sanction ordered at last hearing was:<br><input type="checkbox"/> e. other (specify): _____                       |  |

|            |                 |
|------------|-----------------|
| Case Name: | Case Number(s): |
|------------|-----------------|

**A. Request and Declaration of Attorney:**

I, \_\_\_\_\_ (*attorney name*), declare that I have reviewed the Dependency Drug Court Program rules and requirements with my client, \_\_\_\_\_ (*name*). I further advised my client that their participation in Dependency Drug Court will be court ordered as part of their family reunification case plan and that the reports, information and rulings from all Dependency Drug Court hearings will be part of the dependency case about their child(ren). Therefore, I am requesting that my client be ordered to participate in the Dependency Drug Court Program.

**B. Notice of Confidentiality and Waiver:**

All records related to juvenile court cases are confidential, including all information disclosed during a juvenile court proceeding, unless otherwise ordered by the court. I understand that Dependency Drug Court proceedings may involve discussions of the alcohol and drug components of a family reunification case plan. I therefore,

1.  will waive confidentiality to allow discussion of my alcohol or drug components of my case plan in the presence of other participants in Dependency Drug Court. \_\_\_\_\_  
(Participant's initials)
2.  will not waive confidentiality to allow discussion of my alcohol or drug components of my case plan in the presence of other participants in Dependency Drug Court. \_\_\_\_\_  
(Participant's initials)

**C. Signature of Client and Attorney:**

I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct to my knowledge.

|       |                       |
|-------|-----------------------|
| _____ | ▶                     |
| Date  | Signature of Client   |
| _____ | ▶                     |
| Date  | Signature of Attorney |

**COURT ORDERS:**

1.  The motion is denied.
2.  The motion is granted. If the parent has not already done so, he/she shall appear at the System of Care to complete the alcohol and drug screening/assessment, and then appear at STARS to complete/schedule an intake appointment within two (2) court days of this order. The parent is ordered to appear in Dependency Drug Court on:

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** **Department 132**  
(at the courthouse address listed above)

|       |                               |
|-------|-------------------------------|
| _____ | ▶                             |
| Date  | Signature of Judicial Officer |